



Teamsters Health & Welfare Fund

of Philadelphia and Vicinity

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AFFIDAVIT OF STEPCHILDREN

I, _____, declare that _____
(member's name) **(names of stepchildren)**

reside with me at _____
(address of member)

I provide at least 50% or more financial support for the stepchild(ren) named above and that there are no outstanding court orders that requires the other biological parent to maintain health coverage.

I, _____, hereby certify, under penalty of perjury, that the above-stated facts
(member's name)
are true and correct to the best of my knowledge.

Member Signature **Date**

I, _____, hereby certify, under penalty of perjury, that the above-stated facts
(spouse's name)
are true and correct to the best of my knowledge.

Spouse Signature **Date**

Notary Public: